

Pony Preschool & Child Development Center

651-351-9528 490 North 4th Street, Bayport, MN 55003

Registration Contract \$50.00 Registration Fee Per Child
(Must be paid at the time of registration)

Child's Name _____ DOB _____ Gender _____
Address _____ City _____ State _____ Zip _____
Parent _____ Home Phone _____
Address _____ City _____ State _____ Zip _____
Employer _____ Work Phone _____
Cell Phone _____ Email _____ Pager _____
Parent _____ Home Phone _____
Address _____ City _____ State _____ Zip _____
Employer _____ Work Phone _____
Cell Phone _____ Email _____ Pager _____

Contract Schedule/Days & Hours of Attendance

Monday _____ Hours _____
Tuesday _____ Hours _____
Wednesday _____ Hours _____
Thursday _____ Hours _____
Friday _____ Hours _____

Signature of Director _____ Date _____
Signature of Parent _____ Date _____

Pony Preschool will Staff according to our parents contracted schedules, so please note that you will be held to these schedules unless a 24-hour notice is given. NO child is to be in childcare for more than 10 hours per day. Do to the high cost of staffing in the infant room, infants must be picked up by 5:30 daily!

Payment to be made weekly _____ Biweekly _____

Failure to stay current on your account will result in your child's spot being terminated, until the balance is paid in full!

I hereby grant permission to the staff of Pony Preschool & Child Development Center to:

1. Take the necessary steps in the event of a medical emergency
2. Administer diapering products(if applicable) provided by parent/guardian
3. Administer sun screen provided by parent/guardian
4. Take my child on a weather appropriate walking field trip less than one mile round trip

Financial Arrangement

Days Attending: Mon ___ Tues ___ Wed ___ Thurs ___ Friday ___

Hours Needing Care: _____

Meals Needed: Breakfast ___ AM Snack ___ Lunch ___ PM Snack ___

Payment to be made: Weekly _____ Bi Weekly _____

AUTHORIZATION: We the undersigned hereby agree to abide by the arrangements and authorizations so stated in the above agreement.

Signature of Director of P.P.C.D.C. _____ Date _____

Signature of Parent Admitting Child _____ Date _____